

# TLC Trial Form PSYCH1QA.01

## Review of Tapes of Psychometric Assessment for Younger Children

Center ID:	_____ - _____
Study ID:	T _____ - _____
Visit Code:	_____
Tape Number	_____ T _____

**INSTRUCTIONS:** This form is a version of TLC Form PSYCH1 and is designed for use in the reviewing of quality assurance tapes. The tape reviewer should score the test along with the examiner on the tape. Please review and return the tape and this form to Amy Bernstein at: Data Coordinating Center, TLC Trial, Harvard School of Public Health, 1639 Tremont Street, Boston, MA 02120, within 2 weeks of receipt.

### AGE OF CHILD

1. **Date of Review** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mm/dd/yy
2. **Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mm/dd/yy
3. **Child's Due Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mm/dd/yy ( ) Not applicable
4. **Chronological Age** \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days
5. **Adjustment for Prematurity** \_\_\_\_\_ Months \_\_\_\_\_ Days ( ) Not applicable
6. **Corrected Age** \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days ( ) Not applicable

### BAYLEY SCALES OF INFANT DEVELOPMENT -- II

#### MENTAL DEVELOPMENT

7. **Mental Development Raw Score** \_\_\_\_\_ Items
8. **Mental Development Index** \_\_\_\_\_ Points  
*(Unadjusted for Prematurity)*
9. **Mental Development Index** \_\_\_\_\_ Points ( ) Not applicable  
*(Adjusted for Prematurity)*

#### PSYCHOMOTOR DEVELOPMENT

10. **Psychomotor Development Raw Score** \_\_\_\_\_ Items
11. **Psychomotor Development Index** \_\_\_\_\_ Points  
*(Unadjusted for Prematurity)*
12. **Psychomotor Development Index** \_\_\_\_\_ Points ( ) Not applicable  
*(Adjusted for Prematurity)*

#### DEVELOPMENTAL AGE

13. **Cognitive Developmental Age** \_\_\_\_\_ Months
14. **Language Developmental Age** \_\_\_\_\_ Months
15. **Social Developmental Age** \_\_\_\_\_ Months
16. **Motor Developmental Age** \_\_\_\_\_ Months

Center ID:	_____ - _____
Study ID:	T _____ - _____
Visit Code:	_____
Tape Number	_____ T _____

---

## BEHAVIOR RATING SCORES

	RAW	PERCENTILE
17. <b>Orientation/Engagement Factor</b>	_____	_____
18. <b>Emotional Regulation Factor</b>	_____	_____
19. <b>Motor Quality Factor</b>	_____	_____
20. <b>Additional Items</b>	_____	<i>Not Applicable</i>
21. <b>Total Scores</b>	_____	_____

---

## EVALUATION OF TEST VALIDITY

22. In the best judgment of the TLC psychometrician, how well did this MDI measure the subject's current level of sensorimotor/cognitive development?

( )<sub>0</sub> Not completed

( )<sub>1</sub> Poor

( )<sub>2</sub> Fair

( )<sub>3</sub> Good

( )<sub>4</sub> Excellent

23. In the best judgment of the TLC psychometrician, how well did this PDI measure the subject's current level of fine and gross motor development?

( )<sub>0</sub> Not completed

( )<sub>1</sub> Poor

( )<sub>2</sub> Fair

( )<sub>3</sub> Good

( )<sub>4</sub> Excellent

24. In the best judgment of the TLC psychometrician, how well did this BRS measure the subject's behavioral characteristics in the testing environment?

( )<sub>0</sub> Not completed

( )<sub>1</sub> Poor

( )<sub>2</sub> Fair

( )<sub>3</sub> Good

( )<sub>4</sub> Excellent

*IF THE RESPONSE TO ANY OF QUESTIONS 32, 33 OR 34 WAS FAIR, POOR, OR NOT COMPLETED, indicate the reason(s) below.*

25. **Ill** ( )<sub>0</sub> No ( )<sub>1</sub> Yes, specify \_\_\_\_\_

26. **Hungry** ( )<sub>0</sub> No ( )<sub>1</sub> Yes

27. **Uncooperative** ( )<sub>0</sub> No ( )<sub>1</sub> Yes

28. **Inattentive** ( )<sub>0</sub> No ( )<sub>1</sub> Yes

Center ID: \_\_\_\_\_ - \_\_\_\_\_  
 Study ID: T \_\_\_\_\_ - \_\_\_\_\_  
 Visit Code: \_\_\_\_\_  
 Tape Number \_\_\_\_\_ T \_\_\_\_\_

29. **Temper tantrum** ( )<sub>0</sub> No ( )<sub>1</sub> Yes
30. **Sleepy** ( )<sub>0</sub> No ( )<sub>1</sub> Yes
31. **Could not complete items** ( )<sub>0</sub> No ( )<sub>1</sub> Yes
32. **Environmental disturbance** ( )<sub>0</sub> No ( )<sub>1</sub> Yes  
*(e.g., noise or power failure)*
33. **Other reason for non-completion** ( )<sub>0</sub> No ( )<sub>1</sub> Yes, specify \_\_\_\_\_

### EVALUATION OF TLC PSYCHOMETRICIAN

34. Did the examiner put the child at ease before testing?  
 ( )<sub>0</sub> No ( )<sub>1</sub> Yes  
 if No, explain. \_\_\_\_\_  
 \_\_\_\_\_
35. Did the examiner give the child warm-up time?  
 ( )<sub>0</sub> No ( )<sub>1</sub> Yes  
 if No, explain. \_\_\_\_\_  
 \_\_\_\_\_
36. Did the examiner pace the exam with the child's speed and interest, not the examiner's?  
 ( )<sub>0</sub> No ( )<sub>1</sub> Yes  
 if No, explain. \_\_\_\_\_  
 \_\_\_\_\_
37. Did the examiner read the child's state and changing interests well (when to take a break, when to alter the order of item administration to maintain rapport and interest)?  
 ( )<sub>0</sub> No ( )<sub>1</sub> Yes  
 if No, explain. \_\_\_\_\_  
 \_\_\_\_\_
38. Did the examiner encourage the child with non-contingent positive reinforcements throughout the exam (you are really trying; good pointing, etc.)?  
 ( )<sub>0</sub> No ( )<sub>1</sub> Yes  
 if No, explain. \_\_\_\_\_  
 \_\_\_\_\_
39. Did the examiner go through the exam without chattering inappropriately?  
 ( )<sub>0</sub> No ( )<sub>1</sub> Yes  
 if No, explain. \_\_\_\_\_  
 \_\_\_\_\_

Center ID:	_____ - _____
Study ID:	T _____ - _____
Visit Code:	_____
Tape Number	_____ T _____

40. Did the examiner correctly administer the test, adhering as much as possible to standardized procedures?

( )<sub>o</sub> No                      ( )<sub>i</sub> Yes

if No, explain. \_\_\_\_\_

\_\_\_\_\_

41. Did the examiner avoid cuing and/or praising correct responses?

( )<sub>o</sub> No                      ( )<sub>i</sub> Yes

if No, explain. \_\_\_\_\_

\_\_\_\_\_

42. Did the examiner begin and end at the correct item-set?

( )<sub>o</sub> No                      ( )<sub>i</sub> Yes

if No, explain. \_\_\_\_\_

\_\_\_\_\_

43. **TLC Reviewer**

\_\_\_\_\_ *Signature*

\_\_\_\_\_ - \_\_\_\_\_ *TLC Code*

**COMMENTS** *Including comments on examiner s testing. Feel free to use additional pages. (Please print)*